

VCU SPINE CENTER
8700 Stony Point Parkway * Suite 260
Richmond, Virginia 23235
(804) 827-7463

Declaration to Return to School

Name: Monique Small
was seen _____ (date) _____ (time) _____

and will be able to return to school on _____

Physical Education _____ may take _____ limited _____ may not take

Recess: _____ may go outside _____ may not go outside

Comments: _____

Dr. _____ Phone: (804) 828-5883
401 North 11th Street
P. O. Box 980216
Richmond, VA 23219

Declaration to Return to Work

Name: Monique Small
was seen 9/26/08 (date) 4:00pm (time) _____

and will be able to return to work on Continue light duty

_____ Restrictions _____ Light Work

Comments: No sitting/standing greater than 2h
No lifting greater than 10lbs No overhead activities,
no shelf work No repetitive neck movement activities.

Dr. Hamza Phone: (804) 828-5883
401 North 11th Street
P.O. Box 980216
Richmond, VA 23219
Rob Eueh, MD

Office Use Only: Patient's Chart Number: _____
Patient's DOB: _____



V i r g i n i a C o m m o n w e a l t h U n i v e r s i t y

Medical Center

In the tradition of the Medical College of Virginia

VCU Spine Center

Stony Point, Suite 260
8700 Stony Point Parkway
P.O. Box 980236
Richmond, Virginia 23235

804 827-7463
Fax: 804 323-2999
TDD: 1-800-828-1120

Declaration to Return to School

Name _____

was seen _____ Date _____ Time _____

and will be able to return to school on _____

Physical Education: ☐ may participate ☐ may not participate
☐ limited _____

Recess: ☐ may go outside ☐ may not go outside

Comments: _____

Dr. _____ SMALL, MONIQUE VCUHS
MR# 4379649 DOB: 01/09/69

NOV 13 2009

Declaration to Return to Work

Name: Monique Smallwas seen _____ Date: 11-13-09 Time: 10amand will be able to return to work on 11-14-09

☐ Restrictions ☒ Light work

Comments: Continue light duty status.

Dr. [Signature]

8-3-09

Yes. Lu Ann
I was informed that I would be
going to C-lot Monday 8-10-09. If you
could please put me a chair that swirl plus
has a back to it like a desk chair please
also I need a key to the booth

Thank you
RJ Snell.

Virginia Employment Commission
REQUEST FOR PHYSICIAN'S CERTIFICATE OF HEALTH

Effective Date _____

(PLEASE PRINT OR TYPE)

F. O. No. _____

Claimant's Name _____ S.S. No. _____

To be eligible to receive unemployment benefits under the Virginia Unemployment Compensation Act, a claimant must be physically and mentally able to work. As my physician, please give the Virginia Employment Commission your opinion regarding the questions below.

Date _____

(Signature of Claimant) _____

1. What date did you first examine this patient during the current illness? Sept. 2008
2. What is the nature of the patient's illness or disability (please describe in lay terms and avoid abbreviations)?
neck, shoulder, (D) arm (D) leg
back spine muscle spasm (D) side
3. Did you advise the patient to quit his/her last job because of health? YES _____ NO X
4. Did you advise the patient to take a leave of absence for health reasons?
 YES _____ NO X
5. At any time during current illness, has the patient been incapacitated and totally unable to perform any work? YES _____ NO _____ may not lift over 10lb
 If yes, during what period of time was the patient totally unable to work?
 FROM _____ TO work 4-5 h/day
week every 2 hours
6. Is the patient currently able to perform any work? YES X NO _____

(a) If yes, describe any physical or mental limitation on the type of work patient may perform. _____

(b) If no, what is the earliest date the patient will be able to work? _____

Date 3-11-11

(Signature of Physician) _____

Address of Field Office _____

VCU
 Virginia Commonwealth University

Medical Center
 In the tradition of the Medical College of Virginia

Maged S. Hamza, MD
 Director of Pain Fellowship Program
 Associate Professor, Departments of
 Anesthesiology and Physical Medicine and
 Rehabilitation

Stony Point
 VCU Spine Center, 2nd Floor
 8700 Stony Point Parkway, Suite 200
 P.O. Box 580236
 Richmond, Virginia 23235-0236

804 323-2981 • Fax: 804 323-2999

(Zip) _____

VIRGINIA EMPLOYMENT COMMISSION

VERIFICATION OF OFFER OF CONTINUING EMPLOYMENT

(Please Print or Type)

Claimant's Name Monique R. Small

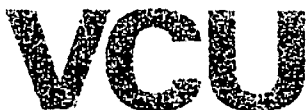
L.O. No. _____

S.S. No. 418-98-2370

As my employer, please give the Virginia Employment Commission your response to the questions listed below.

DATE 3/9/2011Monique Small
(Signature of Claimant)1. The above named individual was last employed as a Enforcement And Safety Officer At VCU Parking And Transportation.

2. Has this individual been offered employment:

a. During the next academic year/term? Yes ☒ No ☐
orb. During the remainder of this academic term? Yes ☒ No ☐3. What type of employment has this individual been offered? Same As Above4. Is this offered employment the same as the employment shown in question 1? Yes ☒ No ☐If no, please explain the difference Monique Small suffered an injury on 10/1/2006 and can only work 10 hours a week, in two 5 hour shifts.5. Are the hours of work and/or wages the same as those offered for the employment shown in question 1? Yes ☒ No ☐If no, please explain the differences Before Ms. Small's injury in 2006, she was working 30 to 40 hours a week. Her hourly rate is \$11.14 per hour.DATE 3/9/2011Greg Council
(Completed by)
Employee Relations - Human Resources
(Title)Virginia Commonwealth University
(Name of Employer)600 West Franklin Street
(Street)Richmond VA 23284
(City) (State) (Zip)H. Gregory Council
Employee Relations Specialist
Human Resource Division

Virginia Commonwealth University

Monroe Park Campus
Lindsey House
600 West Franklin Street
P.O. Box 842511
Richmond, Virginia 23284-2511
804 828-1510 • Fax: 804 828-1434
hgcouncil@vcu.edu